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CONFIRMATION NO. 5368

SERIAL NUMBER 10/659,598	FILING DATE 09/10/2003 RULE	CLASS 514	GROUP ART UNIT 1614	ATTORNEY DOCKET NO. JBP-430-CIP1
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APPLICANTS

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** CONTINUING DATA *****

This application is a CIP of 09/110,409 07/06/1998 *SUS*
and is a CIP of 09/698,454 10/27/2000

** FOREIGN APPLICATIONS *****

None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 12/02/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after allowance	NJ	0	62	14
Verified and Acknowledged	<i>Mr. S. Johnson</i> <i>SUS</i> Examiner's Signature Initials				

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TITLE

Methods for treating skin conditions

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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